

**CAMP SITE LICENSE APPLICATION**

Michigan Department of Human Services

☐ ORIGINAL    ☐ RENEWAL    ☐ INTERIM**FOR DHS USE ONLY:****Cashier Code: 45**

Paid Amount:

Cashier:

1. Site License Number, if known	2. Camp Type <input type="checkbox"/> Resident <input type="checkbox"/> Day <input type="checkbox"/> Troop		3. License Expiration Date
4. Camp Site Name			
5. Program Address (No. & Street)			6. County
7. City/State/Zip Code		8. Phone Number	9. Fax Number
10. E-Mail Address		11. Web Address	
12. Name of Sponsoring Organization			13. Federal Tax ID #
14. Address (No. & Street)		15. Phone Number	16. Fax Number
17. City		18. State <b>MI</b>	19. Zip Code
20. Name of Campsite Owner			21. Federal Tax ID #
22. Address (No. & Street)		23. Phone Number	24. Fax Number
25. City		26. State <b>MI</b>	27. Zip Code
28. Name of Director for Program (Must be 21)			29. Years of Experience
30. Address (No. & Street)		31. Phone Number	32. Fax Number
33. City		34. State <b>MI</b>	35. Zip Code
36. Maximum Camper Capacity (the maximum number of campers to be accepted at any one time. Do not include staff):		37. Age Range      From:      To:	
38. Is Campsite Available for Rent <input type="checkbox"/> Yes <input type="checkbox"/> No	39. Seasons Campsite is Available <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter		40. Camp Site Acreage
41. Nearest Body of Water			
42. Activities offered (Attach Copy of Typical Daily Schedule) <input type="checkbox"/> Academics <input type="checkbox"/> Computers <input type="checkbox"/> Nature/Col. <input type="checkbox"/> Aquatics <input type="checkbox"/> Crafts/Art <input type="checkbox"/> Obstacle Course <input type="checkbox"/> Boating <input type="checkbox"/> Cycling <input type="checkbox"/> Repelling <input type="checkbox"/> Canoeing <input type="checkbox"/> Dance <input type="checkbox"/> Religious Ed. <input type="checkbox"/> Sailing <input type="checkbox"/> Dramatics <input type="checkbox"/> Riflery <input type="checkbox"/> Swimming <input type="checkbox"/> Field Sports <input type="checkbox"/> Ropes Course <input type="checkbox"/> Wading <input type="checkbox"/> Gymnastics <input type="checkbox"/> Snow Skiing <input type="checkbox"/> Water-Skiing <input type="checkbox"/> Horseback Riding <input type="checkbox"/> Tennis <input type="checkbox"/> Archery <input type="checkbox"/> Leadership Training <input type="checkbox"/> Tobogganing <input type="checkbox"/> Campcraft <input type="checkbox"/> Music <input type="checkbox"/> Tripping <input type="checkbox"/> Other (Specify): _____		43. <input type="checkbox"/> I have read 1973 PA 116 or 1979 PA 218, as appropriate, and the Administrative Rules regulating the operation of a camp, and, if granted a license, will endeavor to comply with the Act and these rules. <input type="checkbox"/> In order to permit a proper determination of conformity with the rules, I give permission to the Department to make a necessary and reasonable investigation of my activities and proposed standards of care and to make an on-site evaluation of the proposed facility. The investigation may include the securing of statements from references I submit, as well as from others who may make judgments as to my ability to comply with the rules. <input type="checkbox"/> I hereby certify that if I or any member of the staff having direct contact with campers has been convicted of an offense for other than a minor traffic violation, such information shall be shared with the Department. <input type="checkbox"/> I also certify that any information I give in respect to the investigation will be, to the best of my ability, true and correct.	
44. Applicant/Representative Signature		45. Title	46. Date

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, sexual orientation, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

**AUTHORITY: 1973 PA 116 and 1979 PA 218**  
**COMPLETION:** Is required otherwise, applicant cannot be licensed.